

Kentucky Department of Insurance Continuing Education/Pre-Licensing Program

Provider Approval Application

☐ Continuing Education

☐ Pre-Licensing

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name		FEIN	Exterior Use Only
Names and Titles of Owners or Officers (list below)			
<i>Name</i>		<i>Title</i>	
Address			
City		State	ZIP Code
Contact Person		Title	
Voice Phone #:	Ext.	Fax #:	E-mail Address
URL: (Website address)		How long have you been in business?	
<p>Type of Organization: <input type="checkbox"/> Professional Organization <input type="checkbox"/> Insurance Agency/Brokerage/Wholesaler <input type="checkbox"/> Training Company <input type="checkbox"/> College/University <input type="checkbox"/> Insurance Company <input type="checkbox"/> Government Entity</p> <p>New Providers for the State of Kentucky must include approval or exemption document from the Kentucky Board of Proprietary Education. For additional information on this requirement, please visit their Web site at: www.state.ky.us/agencies/finance/occupations/proprietaryed, or phone directly (502) 564-3296.</p>			
Have you operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, <i>Name</i>		<i>Address</i>	
<p>I certify that I have read the requirements for Kentucky Pre-License Training or Continuing Education Providers and agree to abide by them and will abide by Kentucky insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this Provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.</p>			
<div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Applicant's Signature</p>		<div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Date</p>	
<div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Print or Type Name</p>		<div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Title</p>	

KYP-01 (8-2003)

Return this original completed form to Experior Assessments, LLC, 1260 Energy Lane, St. Paul, MN 55108
Send a copy of this form to Kentucky Dept. of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.